

ALLOWANCE HOT LIST

Appl. No. 09 787 423
 Examiner-TC

Prepared by Ofense
 Date 9/20/14

JACKET:

☒ YES NO Primary Examiner box complete.
☒ YES NO Issuing Office attention complete.

PRIORITY:

☒ YES NO Examiner's initials or cross-the-check lines supplied for each item entered by applicant.
☒ YES NO Date(s) supplied complete on all PTO-1449, 892 sheets. (Month and year required.)

SPEC:

☒ YES NO Initial view of Drawing 1. Initial part of each figure in 1" x 1" box.
☒ YES NO Continuing data is mentioned in 1st paragraph. (Can be an insert.)

CLAIMS:

☒ YES NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.
☒ YES NO Claims correctly numbered in index.
 • (No duplicate or missing claim numbers.)
 • (No incorrect dependencies.)

CRFE:

YES NO If necessary (biological sequence listing).

NOTICE OF ALLOWABILITY:

☒ YES NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.

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